



PROFESSIONAL INTERNSHIP PROGRAM FOR ACADEMIC EXCHANGES STAFF OF MEXICAN HIGHER EDUCATION INSTITUTIONS

(This program is co funded by the U.S. Embassy in Mexico and administered by ANUIES)

APPLICATION FORM

INSTRUCTIONS:

- **Read ALL the application form carefully** before filling it out.
- **Download** the application form to your computer. **Save** it in your hard disk with your **two last names as the file name**. Example: gonzalezarroyo.doc
- **Fill out** the application form electronically. TYPE IN THE WHITE SPACES ONLY.
- **Send** your completed form as an e-mail attachment to Valerie.cardenas@anuies.mx
No later than November 10, 2014.
In the subject line, please write “**Application: Professional Internships Program**”.
- You will receive a confirmation e-mail acknowledging receipt of your application. **If you do not receive a response within three working days, please re-send until you receive notification.**
- Your application and enclosures should not exceed 8 MB.

Part 1 – Personal information

a) Full name (exactly as printed in your passport or birth certificate)		
Last name	Mother's maiden name	Name(s)
b) Home address and contact information		
Street and number		
Colonia / Fraccionamiento		Delegación / Municipio
City	State	Country and ZIP Code
(Area code)	Phone number	e-mail address
(Area code)	Cellular phone number	
c) Date of birth		Place of birth
mm / dd / yyyy		city, state



d) Country(ies) of citizenship		Gender	
e) Medical, physical, dietary or other personal considerations			
f) Will your current medical insurance cover you in the U.S.?			
Yes (if selected, you will be required to submit proof).		No	
g) Passport number	Expiration date	Do you have a valid U.S. visa?	
	mm / dd / yyyy	Yes	No
h) Emergency contact:			
name	relationship	e-mail address	Cell number

Part 2 – Professional information

h) Present position(s) and title(s)			
Position and title			
Area or department			
i) Current institutional affiliation and complete address			
Name of institution			
Street and number			
Colonia / Fraccionamiento		Delegación / Municipio	
ZIP Code	City	State	
(Area code)	Phone number	Web site	
j) Work experience (begin with most recent)			
Position and title			
Area or department			



Name of institution					
From	mm / dd / yyyy		To	mm / dd / yyyy	
Position and title					
Area or department					
Name of institution					
From	mm / dd / yyyy		To	mm / dd / yyyy	
Position and title					
Area or department					
Name of institution					
From	mm / dd / yyyy		To	mm / dd / yyyy	
k) Previous travel study or work experience in the United States (begin with most recent)					
Dates		Type of travel (business, vacation) / Title of studies or research	Cities and/or states / School or institution	Supported by US government (Check)	
From yyyy	To yyyy			Yes	No
o) Proof of language proficiency (please enclose copies of test results OR formal evaluation by ESL professional using format provided.)					
Date (yyyy)	Name of examination		Score or grade obtained		



p) Statement of purpose in English and Spanish (300 words maximum)		
Please address the following: The reason why you want to participate in this program, relevance to your professional duties and the potential impact to enhance academic cooperation between your home and host institutions. Indicate the earliest date on which you would be available to travel.		
IMPORTANT: I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that misrepresentation of information may lead to immediate dismissal of my application. My typed name below is to be considered as the electronic equivalent of my signature.		
Full name		Date of application